CHANGE

Customs Heritage Ancestry Nationality Gender Equality

County of San Bernardino

Department of Behavioral Health

Winter 2010 Office of Cultural Competence and Ethnic Services

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Multiculturalism in Public Administration: Increasing Cultural Competence

By Barry Manembu, OCCES Intern

As discussed in the previous article (CHANGE, Fall 2009), one of the major trends in the modern day public agency is the increasing diversity of the workplace. And that is especially true in California, where people from all color, creed, race, national origin, and ethnicity dwell and live together.

Indeed, it is always good to have a mixed and colorful workforce, especially in the public agency. Yet, possessing this kind of quality in the office does not guarantee that the whole population will be better served. In other words, a diverse workforce sometimes would not necessarily mean a broader access. It really depends on the service provider or the public employees.

This is particularly true with mental health issues. We have to admit that on terms of behavioral health services, people are still being unserved, underserved, and inappropriately served for many reasons, and one of them is related to the lack of cultural competence within the public employees, especially those who are working with people from different background.

Let us take a look at a recent report published by University of California Berkeley, School of Public Health. Upon studying the mental health condition of Latinos in the United States, the researcher came up with this recommendation:

> "Non-Latino provider may have trouble diagnosing certain symptoms among Latinos as a **result of cultural differences**…Even though the Latinos are more likely to have mental health distress than whites, they are receiving treatment at a lower rate than whites. The need for **more culturally specific training** within the medical profession and the lack of research and access to health care all contribute to this disparity in mental health services for Latinos. More research, training, and treatment resources should concentrate on understanding Latino mental health" (*Health Initiative of the Americas, UC Berkeley*).

Increase Effectiveness

Addressing cultural barriers is not hard if we start to develop a sense of cultural competence. Public administrators should be well advised to increase their cultural awareness and sensitivity. Indeed we know that comprehension about culture begins with cultural self-awareness. Yet, according to the experts,

> "Cultural self-awareness is not always easy since culture is internalized patterns of thinking and behaving that are believed to be natural (or simply the way things are). Awareness of their subjective culture is particularly difficult for Americans since they often interpret cultural factors as characteristics of individual personality. This view of internalized cultural patterns, disregarding their social origins, is a characteristic of American culture. It is not a universal point of view" (Stewart & Bennett, *1991*).

So how do we do this? How do we cultivate cultural self-awareness? Well, first

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Multiculturalism in Public Administration cont.

by knowing our self. Comprehend our roots. When we have reached the point that we now respect our own identity, then we can embark to respect other's value by changing our frame of reference.

Milton Bennet, in *Towards Ethnorelativism: A Developmental Model of Intercultural Sensitivity*, suggests a concept named "Ethnorelative" thinking (as opposed to "Ethnocentric" thinking). In typical ethnocentric thinking, culturally different behavior is assessed in relation to one's own cultural standard. But in ethnorelative thinking, cultures can only be understood relative to one another, and particular behavior can only be understood within a cultural context. Cultural difference is neither good nor bad; it's just different.

Robert Denhardt, a well-known professor of Public Affairs, argues that being appreciative to others is a prerequisite of cultural competence. "Realizing that behavior, values and identity are not absolute but rather constructed by culture frees one to more fully appreciate the ongoing process of living life. These skills not only transform how we think but also prepare us for working more effectively with our culturally different colleagues, as well as to serve our various community members (Denhardt *et al*, 2002)."

"Being curious is important because it's how children learn new ideas."

Increasing Cultural Competence

As public employees increasingly work with people from many diverse cultures, they will recognize the need to make important adjustments in their normal way of doing things so as to operate effectively in a cross-cultural context. In other words, they would need to increase their cultural competence. Moving to cultural competence is hard emotional work that involves shifts in awareness and attitude as well as the development of new skills (Cross *et al*, 1989). Below are five basic skills areas, which, according to Cross and his colleagues, would produce effective cross-cultural service delivery.

1). Awareness and acceptance of differences.

Cultural differences exist in values, style of communication, etc, and not only must we become aware of those differences, but also we need to be ready to accept those differences. Typically, cultural values that are in contrast with our own will be the most difficult to accept. But if we are able to accept the dissimilarities, we could then broaden our perspective and avoid neither comparison nor judgment.

2). Self awareness.

To be in touch with our own culture will enable us to appreciate the impact of culture on the lives of others. Culture is the glue that gives shape to life experience, promoting certain values and experiences and define what is possible (Diller 1999). Nonetheless, "many people never acknowledge how their day-to-day behaviors have been shaped by cultural norms and values reinforced by families, peers, and social institutions (Cross 1988)." In other words, how we conduct ourselves, and how we view others behavior, is a product of our culture.

3). Dynamics of differences

This notion requires knowing what can go wrong in cross-cultural communication and how to get it right. Cultural

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Multiculturalism in Public Administration cont.

miscommunication has two general sources. The first is related to past experiences that we have had with members of a group or the nature of current political relations between the two groups. The second involves differences in cultural style. A Westerner psychiatrist considers direct eye contact with his/her patient as a sign of respect. But a patient with certain Asian background would avoid that behavior because it would be considered an impolite thing to do.

4). Knowledge of the client's culture

Interpreting the behavior of someone who is culturally different without considering cultural context is fraught with danger, as illustrated by the following incident:

> During the early 1990's Children's Protective Services received a rash of abused reports on Vietnamese parents whose children had come to school with red marks all over their bodies. The children had been given an ancient remedy for colds, which involves placing heated glass cups on the skin, leaving harmless red marks for about a day; yet social workers filed abused reports as they were unaware of this traditional healing. The resulting fallout was a group of irate Vietnamese parents, always hyper-attentive to the needs of their children, deeply insulted by accusations of bad parenting. And several workers feeling rather foolish about their cultural ignorance. (Diller 1999)

5). Adaptation of skills.

The final skill area involves adapting and adjusting generic service practices that, in reality, have their roots in the dominant cultural paradigm. For example, the definition of a family member can vary greatly from culture to culture. African Americans, as well as some Asian Pacific Islanders, might include multiple generations, as well as non-biological family members, as members of their families.

Conclusion

Greater sensitivity to cultural differences is increasingly important to those in public organizations. Not only are the workforce trends such that this issue cannot be ignored, but greater cultural and other forms of diversity enhances the productivity and achievements of the group. We are now fully aware that, once again, we must begin with self-awareness. We must learn about our culture and how our culture influences us before we can attempt to learn about someone else's culture.

As public administrators, we will have opportunities and privileges to address the needs of the people; to improve the working conditions and living conditions of all residents, regardless of sex, race, ethnicity, and cultural heritage. Opportunities for inclusion of all in formal and informal activities will increase the

success of consumers so we can better serve them in their recovery. However this might not come naturally and might require learning how to initiate and develop relationships with people who are different from you.

"We must learn about our culture and how our culture influences us before we can attempt to learn about someone else's culture."

Ring in the New Year with the ABCs of Child Development

By First 5 San Bernardino

"Being curious is important because it's how children learn new ideas."

The New Year is a time for renewal and an opportunity to make a fresh start. While young children can't set their own goals, parents and caregivers can resolve to focus on fostering their children's healthy growth and development. Infants start learning and exploring from the day they are born – and 90 percent of their brains develop in their first five years! As your child's first teacher, you play an important role in helping him or her grow up to be healthy and ready to learn.

First 5 San Bernardino offers a few tips to help parents and caregivers foster healthy child development as we ring in the New Year.

Start a Conversation

Develop your infant's language skills by talking with him or her often. Not only is language the foundation for your child's thinking and communication skills, it also helps to nurture bonds of love and trust between parent and child.

• Encourage your baby to make sounds and be sure to respond.
• Talk, sing and rhyme to your infant – it helps him or her learn new words.
• Read daily to your baby and repeat stories to stimulate language and listening.

Make the Most of Teachable Moments

Whether you're running errands or driving to school, make the most of opportunities all day to teach toddlers and preschoolers new lessons.

• Involve your child in activities like shopping at the supermarket – learn shapes when choosing fruits and vegetables in the produce section.
• Point to signs and traffic lights to teach words and colors while you're driving.
• Guide your child to say "please" and "thank you" when asking for help at the library or checking out books.

Encourage Curiosity and Creativity

Being curious is important because it's how children learn new ideas. By asking questions and finding answers, kids discover ways to solve problems and how the world works.

• Ask your toddler questions that require more than a "yes" or "no" answer – this fosters thinking and communication skills.
• Play with your child and encourage imagination.
• Try new activities, like gardening or cooking, to stimulate children's minds.

For more information about healthy child development and information on First5 San Bernardino programs, call (909) 386-7706 or visit www.first5sanberardino.org.

What is Wrong with the Use of the Terms "deaf-mute," "deaf and dumb," or "hearing-impaired"?

"Deaf and hard of hearing people have a right to choose what they wish to be called…"

Deaf and hard of hearing people have the right to choose what they wish to be called, either as a group or on an individual basis. Overwhelmingly, deaf and hard of hearing people prefer to be called "deaf" or "hard of hearing." Nearly all organizations of the deaf use the term "deaf and hard of hearing," and the National Association of the Deaf (NAD) is no exception. The World Federation of the Deaf (WFD) also voted in 1991 to use "deaf and hard of hearing" as an official designation.

Yet there are many people who persist in using terms other than "deaf" and "hard of hearing." The alternative terms are often seen in print, heard on radio and television, and picked up in casual conversations all over. Let's take a look at the three most-

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What is Wrong with the Use of the Terms "deaf-mute," "deaf and dumb," or "hearing-impaired"? cont.

used alternative terms.

Deaf and Dumb – A relic from the medieval English era, this is the granddaddy of all negative labels pinned on deaf and hard of hearing people. The Greek philosopher, Aristotle, pronounced us "deaf and dumb," because he felt that deaf people were incapable of being taught, of learning, and of reasoned thinking. To his way of thinking, if a person could not use his/her voice in the same way as hearing people, then there was no way that this person could develop cognitive abilities. (Source: *Deaf Heritage*, by Jack Gannon, 1980)

In later years, "dumb" came to mean "silent." This definition still persists, because that is how people see deaf people. The term is offensive to deaf and hard of hearing people for a number of reasons. One, deaf and hard of hearing people are by no means "silent" at all. They use sign language, lip-reading, vocalizations, and so on to communicate. Communication is not reserved for hearing people alone, and using one's voice is not the only way to communicate. Two, "dumb" also has a second meaning: stupid. Deaf and hard of hearing people have encountered plenty of people who subscribe to the philosophy that if you cannot use your voice well, you don't have much else "upstairs," and have nothing going for you. Obviously, this is incorrect, ill-informed, and false. Deaf and hard of hearing people have repeatedly proved that they have much to contribute to the society at large.

Deaf-Mute – Another offensive term from the 18th-19th century, "mute" also means silent and without voice. This label is technically inaccurate, since deaf and hard of hearing people generally have functioning vocal chords. The challenge lies with the fact that to successfully modulate your voice, you generally need to be able to hear your own voice. Again, because deaf and hard of hearing people use various methods of communication other than or in addition to using their voices, they are not truly mute. True communication occurs when one's message is understood by others, and they can respond in kind.

Hearing-impaired – This term was at one time preferred, largely because it was viewed as politically correct. To declare oneself or another person as deaf or blind, for example, was considered somewhat bold, rude, or impolite. At that time, it was thought better to use the word "impaired" along with "visually," "hearing," "mobility," and so on. "Hearing-impaired" was a well-meaning term that is not accepted or used by many deaf and hard of hearing people.

For many people, the words "deaf" and "hard of hearing" are not negative. Instead, the term "hearing-impaired" is viewed as negative. The term focuses on what people can't do. It establishes the standard as "hearing" and anything different as "impaired," or substandard, hindered, or damaged. It implies that something is not as it should be and ought to be fixed if possible. To be fair, this is probably not what people intended to convey by the term "hearing impaired."

Every individual is unique, but there is one thing we all have in common: we all want to be treated with respect. To the best of our own unique abilities, we have families, friends, communities, and lives that are just as fulfilling as anyone else. We may be different, but we are not less.

What's in a name? Plenty! Words and labels can have a profound effect on people. Show your respect for people by refusing to use outdated or offensive terms. When in doubt, ask the individual how they identify themselves.

National Association of the Deaf. (n.d.). *Community and Culture-Frequently Asked Questions*. Retrieved September 1, 2009, from http://www.nad.org/issues/american-sign-language/community-and-culture-faq

" Deaf and hard of hearing people are by no means "silent" at all. They use sign language, lip-reading, vocalizations, and so on to communicate."

" True communication occurs when one's message is understood by others, and they can respond in kind."

Native American Heritage Month Resolution

"Throughout their long history on this great land, they have faced moments of profound triumph and tragedy alike."

WHEREAS, the indigenous peoples of North America, the first Americans, have woven rich and diverse tapestry of our Nation's heritage. Throughout their long history on this great land, they have faced moments of profound triumph and tragedy alike. During Native American Heritage Month, we recognize their many accomplishments, contributions, and actions ad we pay tribute to their participation in all aspects of American history, and

WHEREAS, this month, the ancestry and time-honored traditions of American Indians and Alaska Natives in North America are celebrated. They have guided our land stewardship policies, added immeasurably tour cultural heritage and demonstrated courage in the face of adversity. From the American Revolution to combat missions in Iraq and Afghanistan, they have fought valiantly in defense of our Nation as dedicated servicemen and women. Their native language haves have also played a pivotal role on the battlefield. During World War I and II, Native American code talkers developed unbreakable codes to communicate military messages that saved countless lives. Native Americans have distinguished themselves as inventors, entrepreneurs, spiritual leaders, and scholars. Our debt to our first Americans is immense, as is our responsibility to ensure their fair, equal treatment, and honor to the commitments we made to their forebears; and

WHEREAS, one of the first proponents of an American Indian Day was Dr. Arthur C. Parker, a Seneca Indian, who was the Director of the Museum of Arts and Sciences, Rochester, N.Y. He persuaded the Boy Scouts of America to set aside a day for the "First Americans," and for three years they adopted such a day. In 1915, the annual Congress of the American Indian Association held at Lawrence, Kansas, formally approved the plan. It directed its president, the Rev. Sherman Coolidge, an Arapaho Indian minister, to call upon the Country to observe such a day. He issued a proclamation on September 28, 1915, which declared the second Saturday of each May as an American Indian Day and contained the first formal appeal for recognition of Indians as citizens.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Supervisor of the County of San Bernardino, State of California, does hereby proclaim the month of November as Native American Heritage Month.

BE IT FURTHER RESOLVED, that this resolution be noted in the minutes of this Board and that a copy be presented to the Department of Behavioral Health, Office of Cultural Competence and Ethnic Services.

Guidelines for Psychotherapy with Lesbian, Gay, & Bisexual Clients

"Strive to understand the ways in which social stigmatization poses risks to the mental health and well-being of lesbian, gay, and bisexual clients."

Attitudes Toward Homosexuality and Bisexuality

Guideline 1 - Psychologists understand that homosexuality and bisexuality are not indicative of mental illness.

Guideline 2 - Psychologists are encouraged to recognize how their attitudes and knowledge about lesbian, gay, and bisexual issues may be relevant to assessment and treatment and seek consultation or make appropriate referrals when indicated.

Guideline 3 - Psychologists strive to understand the ways in which social stigmatization (i.e., prejudice, discrimination, and violence) poses risks to the mental health and well-being of lesbian, gay, and bisexual clients.

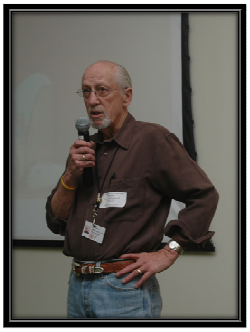
Guideline 4 - Psychologists strive to understand how inaccurate or prejudicial views of homosexuality or bisexuality may affect the client's presentation in treatment and the therapeutic process.

American Psychological Association
Retrieved January 21, 2010
http://www.apa.org/pi/lgbt/resources/guidelines.aspx

Native American Indian Heritage Month Celebration

On November 20, 2009 the Native American Sub-Committee held a Native American Indian Heritage Month Celebration "Healing Through Education" in honor of National Native American Heritage Month and to celebrate the many contributions and accomplishments of Native Americans. The theme "Healing Through Education" was selected to focus on the importance of culture and ethnic identity in individuals healing from mental illness. Over 100 individuals attended the full day event at the Rialto Behavioral Health Resource Center, Auditorium.

Participants and vendors enjoyed performances by Henry James Vasquez and a performance by members of the legendary rock group "Redbone." They also learned from the presentation by Tony Robichaud- "Understanding the Native American World View: Healing the Soul Wound' generational trauma by Eduardo Duran. Kyle Crandell from the U.S. Census Bureau gave a presentation titled "U.S. Census 2010 and the Native American Community."



Presentations were also made by James Fenelon, Professor of Sociology, Cal State University San Bernardino and Daniel Boulton, Fontana Native American Indian Center.

Participants enjoyed *FRYBREAD* for lunch and various pastries and coffee donated by NAMI San Bernardino and Starbucks.

The event was a great success and the committee looks forward to the opportunity to put together an event for this upcoming November.

The Intern Experience: Cultural Competency

By Cathy Smith, OCCES Intern

As the racial and cultural landscape of San Bernardino County continues to change, a greater need exists to provide culturally competent services to our consumers. To ensure this is accomplished, the Department of Behavioral Health (DBH) has taken a pro-active approach by expanding the responsibilities of the Office of Cultural Competence and Ethnic Services Unit (OCCES).

In the past year, the Office of Cultural Competency & Ethnic Services (OCCES) has worked diligently to collaborate, outreach, and organize various cultural events and committees. The OCCES facilitates and works in partnership with the Native American Indian Sub-Committee, the African American Mental Health Coalition the Spirituality Workgroup, the Latino Health Coalition, the Lesbian, Bisexual, Gay, Transgender, Questioning (LGBTQ) Work Group, the Spanish Language work group and the Asian Pacific Islander Coalition.

To ensure the tenants of cultural competency are provided and sustained within the DBH, the OCCES provides recommendations to include cultural competency in the design and delivery of all behavioral health services. The need for cultural competence is essential when working with a culturally and ethnically

"… include cultural competency in the design and delivery of all behavioral health services. "

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November Cultural Competency Excellence Award Recipient

Stephen Garret was the November honoree who was awarded by the Mental Health Commission and Office of Cultural Competence and Ethnics Services as someone who exemplifies Cultural Competency.

Stephen has worked as the Clinic Supervisor at Victor Community Support Services (VCSS) in Victorville for two years. He supervises the Therapeutic Behavioral Services (TBS) and Intensive program's for VCSS, and facilitates the Cultural Competency Workgroup. He is very focused on quality and is always cognizant of the needs of the diverse consumers and families he serves.

The Intern Experience: Cultural Competency cont.

"These efforts will help us develop and enhance the skills needed to exhibit culturally competent behaviors when working with others."

Cathy making frybread at the Native American Indian Heritage Celebration

diverse population.

This knowledge comes firsthand from my own family experiences. My mother's name is Masako and she is Japanese. She grew up in Japan, a country with cultural practices, beliefs, norms, and communication styles different than other individuals raised in the United States.

While my mother's primary language is Japanese, she is bilingual and speaks fluent English. Yet, I often had to be her voice when she spoke to others because they would say they could not understand her. I would hear my mother called Margie, which I did not understand but she explained this was because she was told that Masako was hard to say. At times, she experienced racial discrimination and biased behaviors but always believed these actions were caused by a lack of understanding and information about her culture than malice.

We live in a society comprised of many different types of group cultures. In years past, society considered a mother, father and child or children a typical family. Today, there are same-sex parents, stepparent families, grandparents raising grandchildren, and aunt and uncles raising nieces and nephews. Individuals may identify as heterosexual, lesbian, gay, or bisexual. Each of these groups and individuals has their own culture that influences their beliefs, communication, norms, and behaviors.

This widening array of diversity among people increases the need for cultural competency. Cultural competency is a value system that one must put considerable effort into developing by looking at our own bias, lack of knowledge or understanding when working with a person from another culture. These efforts will help us develop and enhance the skills needed to exhibit culturally competent behaviors when working with others. While our backgrounds, cultures, and lifestyle may be different we should not be quick to judge, instead we should be aware of the influence that each person's background may have on them.

As an intern at the OCCES, I am continually striving to develop and enhance my skills so I can exhibit culturally competent actions when working with different cultural groups. I have an ethical responsibility to provide services that enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.

According to Lesser and Pope (2007), "Multicultural theory is about working with the person not on the person in context to their environment."

January Cultural Competency Excellence Award Recipient

Martha Jorgenson was honored by the Mental Health Commission and Office of Cultural Competence and Ethnics Services with the Cultural Competency Excellence Award in January.

Martha is a Clinical Therapist who has worked with DBH for over 11 years. Martha recruits, trains, and supervise others to be a listening ear to other older adults. She also responds to crisis calls in the community when they involve older adults.

Per her peers, Martha is committed to older adults. She is a true advocate for this always overlooked "culture", always addresses the needs of older adults and is very respectful of their diversity. Martha always brings the needs of older adults to the forefront, in many meetings she pushes for the inclusion of this group and represents the older adult community everywhere she goes, such as the CCAC.

February Cultural Competency Excellence Award Recipient

Tina Pham was honored with the Cultural Competency Excellence Award in February. Tina began working for the County in 2002 as a PSE and became an official employee in 2005 as a Mental Health Specialist.

She assists clients in obtaining benefits and helps them through the process of applying. Tina also helps clients obtain housing, employment, food and clothing assistance.

Tina always looks out for the health and welfare of her consumers. She pays attention to language and cultural beliefs, acknowledging that both can affect how a person responds to treatment. She is always willing to lend a hand and is an uplifting person.

Do you work with someone who exemplifies Cultural Competency? Someone who is both sensitive and respectful to persons of all cultures, whether colleague or consumer? If so, the Office of Cultural Competence and Ethnic Services would like to formally acknowledge these individuals.

Please fill out the necessary information below and inter-office mail it back to us and we'll make sure this employee or consumer gets acknowledged in our next newsletter. Our inter-office mail code is 0920.

Awardees will be honored at the Mental Health Commission meeting. Thank you.

Name: _____

Work address: _____

_____

Discipline: _____

Why you believe he/she is Culturally Competent:

_____

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Example of dedication to Cultural Competency:

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What's Happening...

COUNTY OF SAN BERNARDINO

DEPARTMENT OF BEHAVIORAL HEALTH

Office of Cultural Competence and Ethnic Services (OCCES)
Training Institute
1950 South Sunwest Lane, Suite 200
San Bernardino, CA 92415

Phone: 909-252-4001
Fax: 909-252-4088
E-mail:
cultural_competency@dbh.sbcounty.gov

Community Events…

Cultural Competence Advisory Committee (CCAC)
3rd Thursday of the month
1:00-2:30 PM
BHRC Room F119/120
Info: (909) 252-4001

African American Health Institute San Bernardino County Open Public Forum
Friday, March 12, 2010
8:00 AM– 9:30 AM
Community Hospital of San Bernardino
Info: (909) 880-2600

Color in the Canyon– Living Traditions Class
Saturday, March 20, 2010
Agua Caliente Cultural Museum, Palm Springs
Info: (760) 323-0151

Spirit Keepers Lecture– What's the Score? American Indians in Sports
Tuesday, March 23, 2010
Rancho Mirage Public Library
Info: (760) 323-0151

Emergency Preparedness for People with Disabilities
Thursday, April 1, 2010
9:00 AM
Community Access Center, Riverside
RSVP: (951) 274-0358 x104

DAAS Senior Service Providers Coalition Transportation Summit
Friday, April 2, 2010
9:00 AM– 4:00 PM
BHRC Auditorium

Coalitions and Sub-Committees…

African American Mental Health Coalition
1st Monday of the month
6:30-8:00 PM
Knott's Family Agency
Info: Linda Hart (909) 881-6146

API Coalition
2nd Tuesday of the month
10:00 AM-12:00 PM
Vista Community Counseling
Info: Jennifer Gonzalez (909) 252-4004

Latino Coalition
July 30, 2009,
9:00- 10:30 AM
El Sol Neighborhood Education Center
Info: Maribel Gutierrez (909) 252-4003

LGBT Sub-Committee
Meeting, times/dates TBA
Locations TBA
Info: Jennifer Gonzalez (909) 252-4004

Native American Sub-Committee
3rd Tuesday of the month
10:00-11:30 AM
Behavioral Health Resource Center (BHRC)
Info: Maribel Gutierrez (909) 252-4003

Spanish Speaking Sub-Committee
Meeting times/dates TBA
Locations: TBA
Info: Maribel Gutierrez (909252-4003

Spirituality Sub-Committee
2nd Tuesday of the month
1:00-2:30 PM
Behavioral Health Resource Center (BHRC)
Info: Jennifer Gonzalez (909) 252-4004

Women's Sub-Committee
Meeting, times/dates TBA
Behavioral Health Resource Center (BHRC)
Info: Jennifer Gonzalez (909) 252-4004